

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008819

FILED
Apr 24, 2006
Secretary of State

Entity Name: PRAIRIE LAKES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

99 ORANGE STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

99 ORANGE STREET
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 06-1690838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, ALLEN C.D. II
99 ORANGE STREET
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PACETTI, TERRY W
Address: 3125 U.S. 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: PACETTI, CHARLES A
Address: 3125 U.S. 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: SCOTT, ALLEN C.D.
Address: 99 ORANGE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: SHEPPARD, HOLLY SCOTT
Address: 99 ORANGE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D (X) Delete
Name: KLIPSTINE, EDWIN L
Address: 306 MAIN STREET
City-St-Zip: HASTINGS, FL 32145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCOTT, ALLEN C.D.
Address: 99 ORANGE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JONES, REBECCA
Address: 99 ORANGE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D (X) Change () Addition
Name: POLENTARUTTI, RENE E
Address: 99 ORANGE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN C.D. SCOTT

D

04/24/2006

Electronic Signature of Signing Officer or Director

Date